

# Waiver Wise

# Technical Assistance for the Community Options Program Waiver COP-W

Wisconsin Department of Health & Family Services • Division of Supportive Living Bureau of Aging & Long Term Care Resources

Volume 02 Issue 02

# **Emergency Preparedness**

The purpose of this technical assistance document is to encourage increased dialogue between care managers and participants and/or participants, family members, and friends about what they can do in the event of an emergency.

Emergencies can occur at any time. As a result, it is always a good idea to plan ahead and develop ways to meet the challenges that may arise due to the emergency. This document will cover:

- 1. Manmade emergencies (fire)
- 2. Weather-related emergencies
- 3. Power outages related to accidents or non-payment of bills
- 4. Service availability emergencies (bad weather or illness)

Here are some ideas to help care managers and/or family member's initiate ongoing dialogues about things participants can do to prepare for various types of emergencies.

#### Have a Plan

No matter what the emergency, the most important preparation is to start talking with participants early on and develop a plan of action. There are many general planning measures that can be taken to ensure safety. The most important thing is for participants to feel safe and secure in their environment until needed help arrives. The following are suggestions regarding several emergency scenarios and preparation ideas.

#### Fire—

Smoke detectors are a great and inexpensive prevention measure. Do participants have working smoke detector(s) and do they test their smoke detectors regularly and replace the batteries once a year? For those persons who are hearing impaired, there are smoke detectors outfitted with a flashing strobe.

In the event of a fire, above all, participants should try to **GET OUT FAST!** Everything else, including calling 911 or the local fire department comes after. A fire can spread in seconds. As a result, encourage participants to think about establishing escape routes from their homes, *or*, what they can do in the event they are unable to leave their home

unassisted. While the following is not meant to be an all-inclusive list, here are some ideas for discussion:

- Schedule an annual date to replace batteries. Post the date near smoke alarms.
- Have they discussed evacuation procedures with their family, friends, or personal attendants?
- Do they know the floor plan of their home or apartment building, and where the exits are? If not, is there a plan in place so rescue personnel can get to them?
- What about door exits in their apartment or home?
  - Are they wide enough to maneuver their wheelchair?
  - Can the participant get the doors open without assistance? If not, what can be done to help them make the changes or adaptations they need?
- Do they have more than one exit identified in case the first choice exit is blocked?
- Can the participant manage escape routes that involve climbing or descending stairs? If not, is there a designated place or area where a participant should remain so rescue personnel know where to find them?
- If the participant lives in an apartment building, has the landlord or building manager informed the tenants of a protocol they should follow in the event of a fire or weather emergency? If so, does the participant know and understand the protocol?
- If they live in an apartment, have they notified the management about their needs, and have the accessible exits been marked and identified?
- If the participant resides above the first floor in an apartment building, do they know what to do if the elevator can't be used? How will they transport any necessary equipment?
- If they can't get out of bed without assistance, is there a Personal Emergency Response System or phone near their bed?
- Do they have phone numbers posted, or kept readily available in the event the need to call for help from emergency personnel, or friends or relatives or other support network?
- Has the fire department been informed that there is a vulnerable person within the home who will need assistance? Is this something they are interested in pursuing?
- Does the participant have an alternative place or shelter to go to once they get out?
- If they have pets, where will their pets go? (Unlike service animals, pets will not be allowed in emergency shelters, so it's best to have a plan of action ahead of time where the pets can go during an evacuation. Hotels, motels and Red Cross shelters accept service animals.)

#### Other things to keep in mind:

Participants should NOT stop for pets or possessions, and they should never go back into a burning building.

#### Tornado or Dangerous Inclement Weather—

- Do they have access to either a radio or television to inform them that a tornado or dangerous weather is in their area?
- Do they have shelter in the lowest floor or below ground area? Can they access it?
- If they can't access a basement, or if their residence has no basement, can they get to a room without windows, such as a bathroom or closet?
- If they live in a mobile home, do they know where the nearest emergency shelter is located? If yes, and there is time to evacuate, can they get to the designated emergency shelter? If no, can they get to a room without windows, such as a bathroom or closet?
- If they have a personal emergency response system, do they wear it so they can summon help if need be?
- Have you discussed other places the participant could temporarily reside in the event their home is uninhabitable?

#### Power Outages-

Power outages can occur due to weather events—snowstorms, floods, and heat waves—or due to manmade mistakes—contractors cutting a power-line, non-payment of utility bills, etc. Here are some ideas to talk over with participants:

- Do they have power source back up for their medical equipment (i.e., oxygen, motorized wheelchair, electric hospital bed, ceiling track systems, etc.)? If participants use a motorized wheelchair or scooter, keeping a lightweight manual wheelchair nearby would be a good idea, if possible.
- In the event the participant heats his/her home with electricity, are there extra (non-electric) blankets, sweaters, etc.?
- Do they have any ideas what they can do if their air conditioner (AC) stops running?
- Do they have flashlights and batteries for light?
- If food spoils in the refrigerator, do they have canned and dried foods on hand?
- If their phone doesn't work, do they have friends/relatives/neighbors/ who will check on them?
- Do supportive home care workers or personal care workers know how to disconnect or operate necessary equipment?

- Has the participant informed their local utility company about their needs and discussed backup options? Is the participant aware that some utility companies offer a priority reconnection service? Are they interested in pursuing this option?
- Do they know that utility companies may also keep a map of power-dependent customers with disabilities?

#### What if the In-home workers can't arrive?

It is common for a protocol to be in place in the event a supportive home care worker is sick or does not arrive at the participant's home. Either the contract agency will contact the participant and inform them of the problem and send a replacement worker, or the participant may agree to forego the service until another day. However, in the event an in-home provider is unable to arrive due to a bad snowstorm or impassable roads, what is the back-up plan? Is it the same protocol? In either scenario, below are some ideas to generate discussion about ways a participant can meet this need:

- Does the participant have access to either a radio or television that can keep them abreast of changing weather and help them plan ahead?
- Is there a friend/relative who can notify the participant when inclement weather warnings are issued?
- Do they have already prepared food/meals on hand that will see them through for a day or two?
- Do they have a commode by their bed that they could use temporarily?
- If they are unable to get out of bed, do they have a phone nearby? Can a small cooler filled with some drinking water and food items be near the bed? Do they know how to use a bed pan?
- Do they have a neighbor or relative that lives next door or close by who will check on them? – who could provide assistance?

#### Other Ideas for Participants with Specific Disabilities

Participants should practice ahead of time explaining—with clear, specific instructions, either orally or written down in the event they are unable to communicate—the way to guide or move them and their adaptive equipment.

Some examples: "Please don't straighten my knees; they're fused in this position"; "Please take my portable oxygen tank"; "Please take the insulin from the refrigerator"; or "I am visually impaired. Please let me hold onto your arm".

#### Additional Ideas to Consider

- Have an extra pair of eyeglasses on hand.
- Have a card that indicates the participant is deaf if the participant is hearingimpaired.

- Have extra pencils and paper for a person whose speech is impaired and step-bystep instructions about what to do in an emergency for those persons who are cognitively impaired.
- For those persons who have a cognitive impairment, it is a good idea to **practice** emergency plans.

### **Emergency Contact Sheet and Special Equipment List**

**Emergency Information List** 

Some emergency response providers have identified the front of refrigerators as a common area to provide emergency information. Consequently, participants should be encouraged to fill out the Emergency Contact Sheet and Special Equipment List below and attach them with magnets to the front of their refrigerators.

Name	Birth Date	
Address		
Telephone Number	Social Security Number	
Local Emergency Contact person	Contact's phone number	
Out-of-Town Contact Person	Out-of-Town Contact's number	
Emergency Medical Information List		
Primary Physician	Physician's number	
Address		
Hospital Affiliation		
Type of Health Insurance and Policy Number		
	Allergies	
Current Medications and Dosages		
Specific Medical Conditions and Instruction		

#### **Special Equipment List**

Participants should have a store of supplies to meet their medical needs. If they use self-administered treatments, they should keep in mind that traffic delays and severe weather hazards might make it difficult or impossible to replenish medical supplies. The most common supplies would be prescription drugs, insulin, heart and high blood pressure medication. The American Red Cross suggests participants check the items below that they utilize, describe the item and list where it can be found. Copies of this list can then be distributed to emergency contacts as well as members of participant's support network.

Glasses:	ivionitors:
Eating Utensils:	Other:
Grooming Utensils:	
Dressing devices:	
Writing devices:	
Hearing device:	
Oxygen: Flow rate:	
Suction equipment:	
In-home dialysis equipment:	
Sanitary supplies:	
Urinary supplies:	
Ostomy supplies:	
Wheelchair: Wheelchair repair kit:	
Motorized:	
Manual:	
Walker:	
Crutches:	
Cane:	
Dentures:	

## **Basic Supplies Kit**

It is a good idea for everyone to have a basic supplies kit on hand. Here is a list for a simple one that may prove helpful until help arrives. This is not an inclusive list and participants are encouraged to add items at they see fit.

- Battery-operated radio with extra batteries
- Flashlight and extra batteries
- Water—Water should be stored in unbreakable containers.
- First-aid kit
- Blankets or sleeping bag, change of clothing
- Extra batteries, necessary medical supplies, food for service dogs
- Supply of non-perishable food and a non-electric can opener
- List of physicians and relatives or friends if injured